



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Rosen et al.

Docket No.: PS735

Application No.: 10/644,807

Confirmation No.: 7993

Filed: August 21, 2003

Art Unit: 1646

For: Antibodies To HQAHD50 Polypeptide (As
Amended Herein)

Examiner: X. Xie

REPLY AND AMENDMENTS UNDER 37 C.F.R. § 1.115

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed August 16, 2005 (Paper No. 08052005), please enter the following amendments and consider the following remarks and election. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet (in duplicate), with appropriate fee; (b) a Supplemental ADS to correct inventorship pursuant to 37 C.F.R. §1.48(b) (*Non-provisional application - fewer inventors due to amendment or cancellation of claims*); (c) an Information Disclosure Statement and Form PTO/SB/08; and (d) Petition for 1 month Extension of Time up to and including Monday, October 17, 2005, as October 16th was a Sunday.

- Amendments to the Specification begin on page 2 of this paper.
- Amendments to the Claims begin on page 3 of this paper.
- Remarks begin on page 6 of this paper.

Insertions are shown by underlining. Deletions are shown by ~~strikethrough~~.



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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[Handwritten Signature]

Effective on 12/08/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known	
Application Number	10/644,807-Conf. #7993
Filing Date	August 21, 2003
First Named Inventor	Craig A. Rosen
Examiner Name	X. Xie
Art Unit	1646
Attorney Docket No.	PS735

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
24	- 24 =	x	=	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
1	- 7 =	x	=	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 =	/50 (round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY	
Signature	<i>Doyle A. Siever</i>
Name (Print/Type)	Doyle A. Siever